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Bib Data Sheet

CONFIRMATION NO. 7495

<b>SERIAL NUMBER</b> 09/870,386	<b>FILING DATE</b> 05/29/2001 <b>RULE</b>	<b>CLASS</b> 382	<b>GROUP ART UNIT</b> 2624	<b>ATTORNEY DOCKET NO.</b> 739-X01-003	
<b>APPLICANTS</b> Anke Bodicker, Bremen, GERMANY; TYL Dietmar Dechow, Bremen, GERMANY;					
<b>** CONTINUING DATA *****</b> TYL					
<b>** FOREIGN APPLICATIONS *****</b> TYL					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/27/2001 TYL					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Allowance Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 27317					
<b>TITLE</b> Method and computer system for screening of medical cases					
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		